


STATE OF MISSOURI)
)
COUNTY OF OSAGE) SS

AFFIDAVIT OF CUSTODIAN PURSUANT TO SECTION 490.692 RSMO

Before me, the undersigned authority, personally appeared Dedie Troesser, who stated as follows:

My name is Dedie Troesser. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

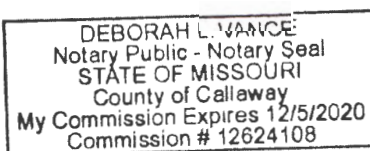
I am a Custodian of Records of the Missouri Division of Probation and Parole. Attached hereto are **1 page** of records from the Missouri Division of Probation and Parole pertaining to **Request for or Waiver of Revocation Hearing**. These records are kept in the regular course of business, and it was in the regular course of business for an employee or representative with knowledge of the act, event, condition, opinion or diagnosis recorded to make the record or to transmit information thereof to be included in such record, and the record was made at or near the time of the act, event, condition, opinion, or diagnosis. The records attached hereto are exact duplicates of the original.


Dedie Troesser

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this 24th day of October, 2019

Deborah L. Vance
Notary Public

Commission expires: 12-5-2020





STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
DIVISION OF PROBATION AND PAROLE
REQUEST FOR OR WAIVER OF REVOCATION HEARING

CLIENT NAME	DOC NUMBER	DATE
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NOTICE OF RIGHT TO COUNSEL AT REVOCATION HEARING

You have a right to a revocation hearing and your parole/conditional release may be revoked at your hearing. You may be represented at your hearing by counsel of your choice, selected and paid for by you. You will receive written notice of the hearing and it is up to you to ensure your counsel has the information and is able to appear and represent you. If you cannot afford counsel, you may tell your Parole Officer that you would like counsel and they will screen you for eligibility. If your request for counsel is denied, you will receive a written explanation for the denial. You may also decide to waive your right to counsel.

Request I be screened for eligibility to have counsel represent me at the revocation hearing _____ Initials **OR**

Request to waive right to counsel _____ Initials

CLIENT'S REQUEST/WAIVER OF REVOCATION HEARING:

Having been fully informed and having full knowledge of these rights in the aforementioned section, I do hereby,

☐ **WAIVE** a revocation hearing _____ Initials

☐ **REQUEST** a revocation hearing _____ Initials

By Signing this form, I agree that I have been provided the following:

A copy of the Notice of Rights to Revocation Process form,

Any Violation Reports pertaining to the cited violations, and

Preliminary Hearing was:

☐ Waived

☐ Held (date: _____)

CLIENT SIGNATURE	DATE	WITNESS SIGNATURE	DATE
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NOTICE OF REVOCATION HEARING

THIS IS TO INFORM YOU, THAT AT YOUR REQUEST, A HEARING WILL BE HELD	DATE
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TIME	LOCATION
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CLIENT SIGNATURE	DATE	WITNESS SIGNATURE	DATE
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CLIENT PRIVATE COUNSEL:

APPOINTED COUNSEL - IF ELIGIBLE

The Parole Board will reach a decision within a reasonable amount of time. The offender will receive a written notice of the Board's action as soon as the notice can be prepared and delivered.

4-1-2019